

Installer Registration Application

Gallatin City-County Health Department, Environmental Health Services

Please refer to Section 9 of the Regulations for Wastewater Treatment Systems (effective June 27, 2004) and the fee schedule.

It is unlawful and a misdemeanor for any person to construct, repair, replace, or alter a wastewater treatment system within Gallatin County unless that person holds a valid installer's registration of competency. **A registered installer must be on site during the installation of every system.**

You will be required to take the Gallatin County Installers exam and obtain a score of 80% or better to pass. If you do not pass the exam you will be able to retake the exam one (1) time at no additional charge. There is a one (1) week waiting period between examinations.

Installer registrations of competency shall be valid from February 1 through January 31 for the two (2) year time period stated on the Installer Registration of Competency.

- Study Material:
1. Regulations for Wastewater Treatment Systems (Health Code Chapter 3)
 2. Circular DEQ 4, "Montana Standards for Subsurface Wastewater Treatment Systems", latest edition.
 3. 17.36.911 to 17.36.914(5), ARM, and 17.36.914(7) to 17.36.924 ARM. "Subsurface Wastewater Treatment Systems".
 4. 17.36.101 ARM; 17.36.320 to 322 ARM; 17.36.324 to 325 ARM; 17.36.326(1) ARM; 17.36.326(3) ARM; 17.36.326(4); and 17.36.327 ARM "Subdivisions/On-Site Subsurface Wastewater Treatment, Sewage Systems". Any referral to "the department" in Title 17, Chapter 36, Sub-Chapters 1 and 3 means GCCHD.
 5. Basic Pump and Pressure Distribution

Purpose of Application: New Applicant _____ Renewal _____

Business Information

wName _____ wPhone _____
wAddress _____ wCity _____ State _____ Zip _____

Applicant Information

wName _____ Phone _____
Address _____ City _____ State _____ Zip _____
Cellular Phone _____ E-mail address _____

w Indicates information contained on the **Registered Installer** list that is provided to the public.

I hereby certify all information provided is true and correct. I understand that my registration file is public information and any complaints and/or Department reprimands are part of my file and are available for public viewing upon request. I will contact GCCHD in writing with any changes. I agree to adhere to all applicable wastewater regulations regarding the installation of on-site sewage disposal systems.

Signature

Date

Health Department Use Only

Amount Paid: _____

Receipt #: _____

Date Tested: _____
(1st attempt)

Score: _____
(1st attempt)

Date Tested: _____
(2nd attempt)

Score: _____
(2nd attempt)

Registration Approved By: _____ **Date:** _____